U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 142 143	2. Fiscal Year Covered From:
	7/ / 2005 Through: 2 / 31 / 2005
3. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name BRAD J RODKER	Name SHEET METAL WORKERS LOCAL 105
	Labor Organization File Number 542-616
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2120 AUTO CENTRE OR	Street 2120 AUTO CENTRE DR
City GCENDORATE	City GLENDERA
State CA SIP Code +4 9 7 40	State CA 21740.5
5. Position in labor organization.	
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
( managed and a second a second and a second a second and	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	
6. Name and address of Employer (including trade name, if any).  Name	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Form LM-30 (2003)

Name of Person Filing BRAD J. ROOKER	File Number U- 542-616	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name (1801) - (1802)	9. Business deals with:	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Rcom No., if any Street	c. Employer	
City         ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City Cartes	12.a. Nature of interest held or income received.	
State ZIP Code ÷ 4 ,		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name William Labor Lafe	MEETING WITH INVESTMENT	
Trade Name, if any:	MANAGER	
P.O. Box, Bldg., Room No., if any  Street -429: SANTA MONICA BUD #626		
City "SANTA" MONICA		
State . C A: ZIP Code + 4 90 401		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	



## Sheet Metal Workers' International Association

## Local Union 105

2120 Auto Centre Drive • Glendora, CA 91740 • (909) 305-2800 • FAX (909) 305-2822 Website: www.local105.org • E-Mail: smwia@local105.org

Roy A. Ringwood

Business Manager/ President

Mario V. Teran

Financial Secretary-Treasurer/ Recording Secretary

Bradley J. Rooker

Vice President/ Business Representative

Business Representatives

Francisco Magaña

Richard Marquez

Luther Medina

**Eddie Montes** 

James Odom

Michael Pelliccino

David Shaver

Bakersfield Office

Ken Rooker

Business Representative

601 Eureka Street Bakersfield, CA 93305

(661) 323-4461 FAX: (661) 323-3286 May 15, 2006

Standard Mail Delivery & Certified Mail #: 7002 3150 0004 5129 0847

United States Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue N.W., Room N5616 Washington, DC 20210

Re: LM-30 Report, 2005

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2005. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,

Brad Rooker Vice President/

**Business Representative** 

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RAR:imb/DOL.LM.30.05 opeiu #537/afi-cio-clc